

POSITION	INITIALS	ID NO.	DATE
	PM	6784	12/8/55
FEE DETERMINATION			
OFFICE CLASSIFIER		49	12/15/90
FORMALITY REVIEW		6565	1/7
RESPONSE FORMALITY REVIEW		6 "	4/25

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-15-90
2	✓	✓	12-15-90
3	✓	✓	12-15-90
4	✓	✓	12-15-90
5	✓	✓	12-15-90
6	✓	✓	12-15-90
7	✓	✓	12-15-90
8	✓	✓	12-15-90
9	✓	✓	12-15-90
10	✓	✓	12-15-90
11	✓	✓	12-15-90
12	✓	✓	12-15-90
13	✓	✓	12-15-90
14	✓	✓	12-15-90
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46	✓	✓	12-15-90
47	✓	✓	12-15-90
48	✓	✓	12-15-90
49	✓	✓	12-15-90
50	✓	✓	12-15-90

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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